

Illinois Department of Healthcare and Family Services  
Social Health Care Network (SHCN) Program

NOFO # 3997-20-26-SHCN

## Opportunity Details

1.	Awarding Agency Name	Illinois Department of Healthcare and Family Services
2.	Agency Contact	Thea Kachoris-Flores <a href="mailto:Thea.Kachoris-Flores@illinois.gov">Thea.Kachoris-Flores@illinois.gov</a> 312-898-4765
3.	Announcement Type	Initial announcement
4.	Type of Assistance Instrument	Grant
5.	Funding Opportunity Number	3997-20-26-SHCN
6.	Funding Opportunity Title	HFS Social Health Care Network
7.	CSFA Number	478-00-3997
8.	CSFA Popular Name	HFS Social Health Care Network
9.	Assistance Listing (formerly CFDA Number)	Not applicable
10.	Anticipated Number of Awards	1
11.	Estimated Total Program Funding	\$8M annually
12.	Award Range	\$5,000,000 - \$8,000,000
13.	Source of Funding	State
14.	Cost Sharing or Matching Requirement	No
15.	Indirect Costs Allowed	X Yes <input type="checkbox"/> No
	Restrictions on Indirect Costs	<input type="checkbox"/> Yes X No If yes, provide the citation governing the restriction
16.	Posted Date	June 3, 2026
17.	Application Range	June 3, 2026 – July 20, 2026
18.	Technical Assistance Session	Session Offered: X Yes <input type="checkbox"/> No Session Mandatory: <input type="checkbox"/> Yes X No Specify date and time: June 16, 12 PM – 1 PM Provide link to registration: <a href="https://illinois.webex.com/weblink/register/r9f9b3620ad4f7abad9465e0632fd70c3">https://illinois.webex.com/weblink/register/r9f9b3620ad4f7abad9465e0632fd70c3</a>

## Table of Contents

Opportunity Details.....	1
A. Program Description .....	3
B. Program Requirements.....	7
C. Funding Information .....	16
D. Eligibility Information .....	18
E. Application and Submission Information .....	20
F. Reporting, Monitoring and Audit Requirements.....	22
G. Review and Selection Process .....	23
H. Application Questions and Information Session .....	24
I. Application Checklist .....	24
Uniform Grant Application .....	26
SECTION 1. UNIFORM GRANT APPLICATION .....	26
SECTION 2: ORGANIZATIONAL ELIGIBILITY .....	29
SECTION 3: APPLICANT GRANT HISTORY .....	30
SECTION 4: SCOPE OF WORK .....	32
Section 5. PROGRAM WORK PLAN.....	35
SECTION 6. PROGRAM BUDGET .....	35
SECTION 7. ATTACHMENTS .....	38
Appendices .....	39
Appendix I: Terminology and Definitions .....	39
Appendix II: Regional Geography.....	41
Appendix III: Scoring Rubric.....	42

## A. Program Description

The Illinois Department of Healthcare and Family Services (HFS) requests proposals from responsible organizations to support community-based organizations in becoming Medicaid providers to deliver health-related social needs (HRSN) services<sup>1</sup> and other community health services.

**Brief Description:** HFS is seeking a statewide lead organization that will be responsible for building the provider network of HRSN service providers to fulfill the requirements of the Healthcare Transformation 1115 waiver as well as to support and provide technical assistance to community-based organizations who want to become Medicaid providers for Medicaid-covered social care services (e.g., community health worker, reentry, violence prevention and doula services).

Through this Notice of Funding Opportunity NOFO, the awarded entity (Grantee) will become Illinois' Social Health Care Network (SHCN) upon award. The SHCN will develop, maintain and strengthen a network of community-based organizations (CBOs)<sup>2</sup> responsible for delivering high-quality, accessible social health care services. HFS seeks to increase access to and strengthen the delivery of social health care services to Medicaid customers by establishing a statewide, centralized entity that will develop the local provider capacity and infrastructure to deliver HRSN and other community-based services to Medicaid customers by CBOs, with support from shared technology for service referrals and billing. This includes providing technical assistance to organizations to help them establish the financial and operational infrastructure for 1115 waiver services and other newly established Medicaid services. The statewide entity may subcontract with additional regional lead agencies to ensure all areas of the state are covered.

The SHCN will also capture and share information required for effective coordination between the SHCN, community-based organizations (CBOs), HFS, the state's contracted managed care organizations (MCOs), and other stakeholders to help evaluate the impact of the SHCN development and implementation on the delivery of services and, ultimately, health outcomes. HFS aims to build a more resilient, flexible, and accessible social health care delivery system that improves health outcomes and reduces health inequities for Illinois Medicaid customers.

The selected entity will demonstrate expertise, experience and capacity to support local community-based organizations, provide technical assistance and training on Medicaid processes and systems (e.g., billing, provider enrollment, documentation requirements, compliance with Medicaid regulations, HIPAA regulations), and have experience issuing, managing, and monitoring grants and/or subrecipients. The applicant must also comply

---

<sup>1</sup> HRSN services means housing and nutrition services approved under Illinois' Healthcare Transformation 1115 Waiver.

<sup>2</sup> Definition of a CBO is included in Appendix I.

with all applicable state and federal statutes, regulations, and the terms and conditions of this grant. The applicant must comply with Grant Accountability and Transparency Act (GATA) requirements and submit programmatic data and fiscal reports to HFS. The resulting contract will have an initial term from October 1, 2026 – June 30, 2029, subject to future state budget appropriations.

## **Definitions**

Please see Appendix I for a list of relevant definitions.

## **Purpose**

Through this NOFO, the Illinois Department of Healthcare and Family Services (HFS) is seeking competitive applications from qualified applicants who can serve as the SHCN. Responsibilities are further detailed throughout this NOFO. It is HFS's intent to award one statewide entity. HFS seeks organizations who can conduct all SHCN activities either directly or through subcontract, and meet the duties and responsibilities under the program, as detailed within this NOFO. The Grantee will be responsible for providing or meeting all of the requirements described in this NOFO and may not subcontract or subcontract any portion of the required activities without approval from HFS.

## **Background on the Healthcare Transformation 1115 Waiver and Other Community-based Provider Types**

Several State initiatives align with the development of a SHCN such as the Illinois Healthcare Transformation 1115 Demonstration Waiver, Community Health Workers (CHW) roll-out, and Governor JB Pritzker's Birth Equity Initiative.

- In 2024, HFS received approval from the Centers for Medicare & Medicaid Services (CMS) for Illinois' Healthcare Transformation 1115 Waiver. The SHCN will support CBOs wanting to deliver 1115 waiver approved services, such as HRSN and reentry services. More information about the Healthcare Transformation 1115 waiver can be found at: [Healthcare Transformation 1115 Waiver](#).
- In 2026, Illinois will begin covering services provided by certified Community Health Workers (CHWs) that will be billable and reimbursable under Medicaid. The SHCN may support community-based CHW organizations who plan to become Medicaid providers and may not have the billing infrastructure needed to seek reimbursement from Illinois Medicaid and its contracted managed care organizations.
- As part of Governor Pritzker's Birth Equity Initiative, HFS began enrollment access for Maternal and Child Health provider types in 2024 to include Lactation Consultants, Doulas, and in 2025, Home Visitors. Enrolled maternal health providers may now receive reimbursement for perinatal services provided to Medicaid recipients. In 2026, Illinois will expand coverage of the MCH workforce and launch enrollment of Licensed Certified Professional Midwives who provide care,

education, counseling and support to pregnant individuals and their families through pregnancy, birth, and postpartum in the home. The SHCN may support individuals and organizations who are or will be delivering these Medicaid billable services.

### **Vision and Goals for the Social Health Care Network**

The SHCN will be responsible for building a reliable network of CBOs to enable access to Medicaid reimbursable community-based services, including but not limited to the services listed above. The SHCN will promote greater awareness of, access to, and coordination among entities in the social health care ecosystem and strengthen the ability of CBOs to bill Medicaid for these services through training and technical assistance, capacity-building and operational support. Building on and partnering with the existing work of CBOs, the SHCN is expected to:

- **CBO network development:** Formally organize and coordinate a network of contracted CBOs that will deliver HRSN and community-based services to eligible Medicaid members. The SHCN will partner with the HCI managed care organizations (MCOs) and other subcontracted partners, as needed, to ensure that there is state-wide coverage with a robust network of providers to deliver HRSN and other community-based services.
- **CBO capacity building:** Build CBO's capacity to participate in the delivery of Medicaid services, by means of direct investments in CBOs (through subawards) to support the hiring of staff or the purchase of necessary equipment (e.g., computers), or through trainings and technical assistance to build CBO capabilities in areas such as business planning, operational and billing infrastructure support, or HRSN screening and referrals.
- **Contract management:** Contract with MCOs on behalf of CBOs to ensure CBOs can deliver care to managed care customers and bill the MCO for HRSN and other community-based services.
- **Performance management:** Collaborate with HFS, CBOs, MCOs, and providers on data-driven performance reporting to demonstrate value and further the evidence base on how HRSN and community-based services can advance health outcomes and reduce health disparities.
- **Operations and governance:** Establish and maintain a governing body and executive leadership team that reflects and understands the unique needs of the state of Illinois and effectively coordinates among other stakeholders.

### **Other Roles and Responsibilities**

**CBOs:** CBOs contracted with the SCHN must have an active Employer Identification Number (EIN) and be enrolled or plan to enroll as a Medicaid provider in Illinois. They will deliver social health care services to Medicaid customers. These entities may also participate in the screening of Medicaid members for HRSN services. CBOs are not

required to contract with the SHCN. However, the SHCN should be knowledgeable about other providers and services that are available.

**MCOs:** MCOs are expected to contract with the SHCN and will be responsible for the payments directly to Medicaid enrolled service providers. Funding will be provided to MCOs by HFS for the purpose of paying the service providers. MCOs will also be responsible for approving services for Medicaid customers based on established eligibility criteria for reimbursable HRSN services delivered by the providers and approving the services. MCOs will also have access to Illinois' procured closed loop referral system (when it becomes available) and may also support with service navigation (screening customers for HRSN services, validating member eligibility, and the referral to services). HRSN services payments will be reimbursed to the MCOs based on the HFS-established reimbursement rates; it is not part of the MCO capitation rate.

**Healthcare Providers** (medical and behavioral health providers): Providers will continue to deliver healthcare to Medicaid members and may screen and/or refer Medicaid customers to HRSN, CHW, or other social support services. Providers will also have access to Illinois' procured closed loop referral system (when it becomes available) and may also provide support with service navigation (screening customers for HRSN services, validating member eligibility, and the referral to services). Healthcare providers may also be HRSN, CHW, or other social support providers but are not required to contract with the SHCN. However, the SHCN is expected to be aware of healthcare providers that are delivering HRSN, CHW, or other support services and refer to healthcare providers, as appropriate.

HFS envisions these entities will work together to ensure that the member experience from screening to service provision will be seamless, and that a member will be able to access services that are appropriate for their needs in a timely fashion.

### **IT Platforms**

HFS intends to procure two technology platforms to be used by CBOs, healthcare providers, and MCOs.

- **Illinois Community Access Referral Resource System (ICARRS):** ICARRS is a statewide resource and referral platform that allows health care providers, payers, care managers, and CBOs to connect individuals with service providers and community resources and track the outcomes of those referrals. It will be an integral component for the HRSN program. All MCOs and all organizations referring for HRSN services under the 1115 waiver will be required to use the system once it is available. All CBOs and other entities delivering HRSN services will use ICARRS to receive referrals and track completion of services.
- **Billing and Claims System:** This system will enable community-based providers to submit for Medicaid reimbursement and ensure compatibility and compliance with Medicaid rules and requirements. The system will allow community-based providers to upload Medicaid service data that will then be converted into a HIPAA compliant claim that will be sent to the appropriate MCO or HFS, if fee-for-service.

Organizations will not be required to use this system if they have capability to submit claims through other mechanisms.

No organization will be charged any fee to use these systems. The SHCN will be required to support the onboarding of these systems once they are available. HFS will work with the SHCN and the selected vendors to assure this requirement is met.

HFS will use data from these systems to monitor and evaluate activities and processes along with other data sources, e.g., claims data.

## B. Program Requirements

The purpose of this NOFO is to build capacity and infrastructure within Illinois community-based organizations to deliver sustainable Medicaid-eligible services and to develop a network of providers that can deliver services locally. Successful awardees will demonstrate Medicaid expertise, experience and capacity to provide technical assistance and training to community-based organizations. The selected recipient will have knowledge of the community-based organization landscape in Illinois and be able to assist community-based organizations in becoming Medicaid providers and in developing the capacities to contract with MCOs and bill 3<sup>rd</sup> party payers. They must also have a strong background in grant-making, grants management, invoicing and auditing.

### 1. Provider network administration

CBOs play a critical role today in addressing social health care needs of Medicaid customers. A growing number of CBOs are employing innovative and evidence-based interventions to promote food security and nutrition, transportation access, housing stability, and community health worker services, among other social health care needs. The SHCN is responsible for designing and maintaining a robust network of CBOs that can serve members in every region of the state (see Appendix II for the Illinois designated regions) and will be required to contract with all Illinois Medicaid MCOs.

- a. How Networks will be Designed: The SHCN is comprised of a contracted network of CBOs that can deliver Medicaid covered social health care services. The SHCN will partner with HFS and the MCOs to ensure that there are adequate providers in scope and size to serve the entire state of Illinois. To this end, HFS has outlined a set of preliminary standards (detailed below) for network composition. These standards are outlined with the goal of promoting greater accessibility, including the ability of members to access needed services. Networks should include CBOs of all sizes, including small CBOs, CBOs that work with identified target populations, and CBOs with cultural and linguistic competencies. The SHCN, either directly or

through subcontracted partners, will be expected to evaluate whether the CBOs are collectively meeting member and community needs, in particular maintaining the ability to meet adequate demand to deliver HRSN services.

- b. Entities that can participate in the network: HFS envisions that the network providers will be comprised of CBOs that are registered non-profits and are capable of receiving referrals for and providing community-based services that are billable under Illinois Medicaid policy. The CBOs will need to meet the provider enrollment requirements set forth by HFS for the relevant service and enroll as an IL Medicaid provider in IMPACT (<https://hfs.illinois.gov/impact.html>).

Examples of providers include but are not limited to organizations that provide:

- Pre-tenancy navigation services and housing transition and navigation,
- Tenancy and sustaining services and individualized case management,
- Short-term pre-procedure and/or post hospitalization housing (Medical respite),
- Community health worker services,
- Doula services,
- Lactation consultants.

Additional community-based providers may be included at the discretion of the SHCN or as defined by HFS when new services are launched (e.g., nutrition, pre-release reentry case management). Therefore, it is expected that the SHCN will build the network over time and will need to demonstrate the ability to scale.

Note: CBOs are not required to contract with the SHCN. However, the CBO will be required to contract directly with MCOs if they want to bill for Medicaid services and do not participate in the SHCN.

- c. Requirements of the SHCN: The SHCN will be required to demonstrate that they and/or their subrecipients have expertise and knowledge of the community-based Medicaid services landscape (e.g., HRSN, CHW, maternal health) to be able to build the provider network and determine an appropriate and reasonable number and mix of CBOs that can deliver services across the state. HFS strongly encourages applicants to partner with local organizations through a subrecipient arrangement to serve as a regional lead agency which will ensure the SHCN is reaching all regions of the state (see Attachment 1 for the HFS defined regions). Regional lead agencies should demonstrate knowledge of community resources, and experience providing training and/or technical assistance to assure successful network development.

The SHCN will be required to:

- Develop a network of CBOs within the state to deliver social health care services (e.g., HRSN and CHW services) with the following expectations:
  - Services are available within all six HFS defined regions as outlined in Attachment 1.
  - Support and contract with interested community-based providers who meet requirements to deliver Medicaid services.
  - Ensure sufficient geographic coverage/distribution across the state of Illinois to minimize travel time/distance for members seeking services and maximize access to services.
  - Include CBOs that work with high-risk Medicaid customers which includes but is not limited to those experiencing homelessness and/or food insecurity, individuals with chronic conditions, and individuals with mental health and/or substance use conditions.
  - Include CBOs of a variety of sizes, including small CBOs as defined by annual budget of less than \$5M.
  - Include CBOs with cultural and linguistic competencies to address the varying needs and demographics across Illinois.
  - Ensure that 80% of CBOs in the network have headquarter operations within Illinois. All CBOs must have at least one physical operating location in Illinois.
- Ensure that all CBOs delivering HRSN services (regardless of whether they are contracted through the SHCN) are included and kept current in the HFS-procured closed loop referral system (ICARRS) in a format to be determined by HFS so that providers can navigate individuals to available services. The ICARRS directory should be linked from the SHCN's website.
- Identify where there are gaps in contracted Medicaid providers to deliver established Medicaid social health care services across the state and work to build capacity for organizations to provide these services to Medicaid customers.

d. CBO Requirements. The SHCN shall validate that each CBO in its network:

- Provides at least one HRSN, CHW, or other Illinois Medicaid billable social health care services and is enrolled or plans to enroll in the Illinois Medicaid IMPACT system as a billable provider.
- Provides service within Illinois.
- Demonstrates cultural and linguistic competency.

- Demonstrates a history of working with Medicaid customers, including but not limited to individuals experiencing housing or food insecurity.
- Maintains a physical presence in Illinois, with one or more offices located in or serving the state.
- Is committed to accepting referrals and providing services and collaborating with the SHCN and other stakeholders to coordinate the delivery of HRSN services.

The SHCN will review the composition of the network at least semi-annually and develop a plan to fill identified gaps, as necessary. This review and plan will be provided to HFS semi-annually.

- e. Contracting. The SHCN will be required to contract with all Illinois Medicaid MCOs as well as the CBOs within their network as outlined below.

*MCO contracting*. The SHCN is expected to contract with each Medicaid MCO so they can serve as the intermediary between the CBOs and MCOs. HFS will assist the SHCN in developing a model contract for the MCOs, including any necessary data sharing arrangements. The intent is to facilitate contracting so that each MCO does not have to contract with every CBO and so that the CBOs do not need to contract with every MCO. The MCOs are required to contract with the SHCN once awarded.

*CBO contracting*. The SHCN will need to contract with each of the CBOs that want to be part of the network. The basis of the arrangement is to allow for the SHCN to contract with the MCO on behalf of the CBO. HFS will assist the SHCN in developing a model contract for the CBOs, including any necessary data sharing arrangements. The SHCN is not required to contract with CBOs or providers that are contracting directly with an MCO. If a CBO decides to contract directly with an MCO (and not the SHCN), the MCO will be required to enter into a contract directly with the CBO.

## **2. Billing and Payments**

### HRSN Services

Payments for HRSN services will be made from the MCOs to CBOs based on submitted claims that are either directly submitted to the MCO from the CBO or from a billing agent to the MCO. Payments will follow the fee schedule established by HFS for the allowable services. No HRSN payments will be made for services rendered to non-managed care customers as eligibility for services is limited to customers enrolled in a Medicaid managed care plan.

### Non-HRSN Services

Payments for non-HRSN services may be made from the MCOs or HFS, if the Medicaid customer is enrolled as fee for service (FFS). Payments will follow the fee schedule established by HFS for the allowable services.

#### Billing and Claiming System

It is HFS' intent to procure and implement a billing and claiming system to support community-based providers who will bill for Medicaid services including but not limited to HRSN and CHW services. The system will give community-based providers the technical functionality to upload service data which will be translated and submitted as a claim to either HFS or MCO, depending on the Medicaid customer's coverage. The go-live date is not known at this time and will depend on the availability of funding. Until the system is available, providers must submit claims directly to the Managed Care Organizations (MCOs) and/or to HFS for fee-for-service (FFS), or use a billing agent to submit claims on their behalf.

Once the billing and claims system is available to CBOs, centralized training and technology support will be provided by the billing and claims system vendor on how to use the system. It is HFS' expectation that the SHCN and any subcontractors will provide support and assistance to the CBOs in order for them to submit clean, compliant information to the billing system that will result in payment to the CBO.

The SHCN can use HFS funding to support CBOs in developing reporting structures, staffing, etc. to submit information to the HFS-procured billing system, once available. However, no funds available through this NOFO may be used by the applicant or a subcontractor to purchase or develop their own billing and claims system.

#### Billing Agents

A billing agent is an entity authorized by HFS to submit Medicaid HIPAA compliant claims on behalf of Medicaid providers. The SHCN may enroll in IMPACT as a billing agent to submit claims on behalf of the CBOs but they are not required to do so. If not enrolling as a billing agent, the SHCN is encouraged to assist CBOs in connecting with available billing agents.

### **3. Capacity Building**

HFS expects that CBOs that want to provide Medicaid services will vary in size and capacity. To help achieve HFS's vision for providing HRSN and support services to Medicaid customers, HFS expects the SHCN to deliver capacity-building supports to CBOs. This capacity building can take a number of forms including training, technical assistance or direct investments in CBO infrastructure, including business planning and data support, and must be coordinated with centralized training and technical assistance provided by HFS and the Illinois Medicaid Technical Assistance Center (MTAC).

SHCN are expected to coordinate capacity-building support to CBOs in its role as a centralized body, which includes both the distribution of funding and directly supporting

CBOs (e.g., training on HRSN assessment tools, support on data sharing and reporting, assisting with setting up systems for claims documentation). SHCN should ensure that infrastructure funding is being distributed to build capabilities across a diverse set of CBOs. HFS encourages the applicant to propose how local subrecipients (i.e., regional lead agencies) may be used to help deliver the capacity building activities. *If the applicant does not propose the use of regional lead agencies, the applicant must demonstrate how they will ensure that all regions of the state are covered and local needs and capacities are considered.*

- a. How it will be delivered. HFS expects the SHCN to carry out CBO capacity-building as a core component of their provider network management responsibilities. The SHCN will receive infrastructure funds to support CBOs in capacity-building and will have the flexibility to distribute the funding in different ways (see C. Funding Information below for allowable uses of funding). This flexibility will enable the SHCN to deliver the most appropriate form of capacity-building support to the CBOs, including direct investment, training, and technical assistance. The SHCN shall propose in their application how they plan to use these funds based on a preliminary assessment of provider capabilities and needs across the state of Illinois. HFS will provide approval to the SHCN before any funds are distributed to CBOs.
- b. Training/onboarding/technical assistance. HFS, in coordination with other entities, will provide centralized, standardized training on core foundational topics for CBOs that support the implementation and delivery of HRSN, CHW, and other social health care services. Topics may include Medicaid overview, how to enroll as a Medicaid provider, requirements of Medicaid providers, general business planning tools and resources, billing and documentation requirements, and using the HFS-procured IT systems for closed loop referrals and billing.

To enhance and augment the centralized training, the SHCN and its subrecipients will also be expected to deliver onboarding, training, and technical assistance to CBOs as needs are identified, and may do so using a methodology or approach they believe is most effective. The purpose is to provide more localized and targeted assistance based on the specific needs of the region or CBOs. The expectation is that the SHCN and its subrecipients will provide a combination of opportunities based on needs as they arise. Examples may include:

- Business planning technical assistance to help organizations determine pathways for becoming a Medicaid provider.
- Specific operational technical assistance to help CBOs set up data reporting systems, filing claims, integrating screening or assessment tools.
- Hands on trainings for staff on how to submit claims.
- Understand compliance requirements and develop policies and procedures.

- c. Distribution of funding to CBOs. HFS will outline the amount of funds that are available annually for capacity building that can be distributed to CBOs who are planning to deliver and bill Medicaid for HRSN services or helping navigate to HRSN services. In FY27, \$3M is available for the SHCN to subgrant to CBOs through State General Revenue Funds. The SHCN will be expected to distribute those funds following the guidelines below. If the SHCN does not distribute those funds, they will be returned to HFS.

*Distribution Guidelines.* The SHCN is required to:

- Submit a proposal for its utilization of state funded capacity building dollars as part of the initial funding application to HFS. This should be based on an understanding of CBO needs throughout the state and with input from regional lead agencies and other community partners;
- Conduct an assessment of CBO capacity needs to develop a plan for future use of funds;
- Adhere to allowable uses as outlined in C. Funding Information;
- Submit at least semi-annually to HFS a list of organizations/activities that will be funded for approval by HFS;
- Distribute capacity building funds to CBOs to support them in being able to provide HRSN services and/or navigate to HRSN services. Funds cannot be used to pay for HRSN services and cannot be distributed to organizations that are not delivering HRSN services or navigating to HRSN services;
- Verify before sub-awarding any funds that all subgrantees are compliant with state and federal statutes, regulations, and the terms and conditions of the sub-grant; and
- Distribute funds so that at least 30 percent of capacity building funds are distributed to CBOs with an annual budget of less than \$5M.

In addition, it is expected that the SHCN will be able to receive and distribute philanthropic funding to support CBOs. See Philanthropic Funding section below for more details.

- d. Reporting – SHCN will provide quarterly reports to HFS detailing how capacity-building funding was distributed to CBOs. Specifically, HFS expects that the SHCN will provide quarterly reports to HFS in a specified format which will include:
- The total amount expended for the reporting period and year-to-date;
  - The total amount spent on small CBOs (annual budget of less than \$5M) for the reporting period and year-to-date;
  - The number and names of CBOs to which funds have been distributed for the reporting period and year-to-date and the purpose/how funds were used; and

- The total amount of expenditure by spend category, including workforce development, technology, and business or operational practices.
- e. Monitoring
- The SHCN is responsible for monitoring subgrantees in accordance with GATA regulations and ensuring funds are spent as designated on allowable expenses.
  - It is expected that the SHCN will conduct site visits or desk reviews of subgrantees.
  - If funds are spent improperly, it is the responsibility of the SHCN to recover the funds from the subgrantee.
  - The SHCN must comply with any capacity-building expenditure audit requests from HFS by submitting requested documentation.
- f. Collaboration with HFS – It is expected that the SHCN will collaborate with HFS to discuss progress and address any opportunities for improvement. The SHCN should expect at least two in-person meetings annually and regular virtual meetings.

#### **4. Philanthropic Funding**

HFS requires that the SHCN has the ability and fiscal capacity to accept and process philanthropic grants that will then be distributed by the SHCN to eligible CBOs above the \$3M provided by HFS for ongoing technical assistance and capacity building activities. HFS expects the SHCN to actively seek philanthropic funding for this project. The purpose of this structure is to:

- Maximize philanthropic resources available to adequately build state service infrastructure
- Effectively and efficiently distribute funding across the state
- Leverage the SHCN network and infrastructure to get funding to the organizations that have been identified as needing capacity building funding
- Assist funders that may not have reach across the state
- Ensure funding is coordinated and meets the needs of the Medicaid program

The SHCN must be a 501(c)(3) organization that has the capacity to process philanthropic grants, provide tax receipts to foundations or donors, manage grant distributions in accordance with a transparent governance structure, and report on the distribution of grant dollars. The SHCN is required to adhere to the funding requirements provided by the funder and must be able to track and report on the grant dollars distributes separately from the state-provided capacity building funds.

The SHCN would need the ability to simultaneously manage more than 10 grants ranging in size between \$20,000 and \$500,000.

## 5. Governance

HFS requires the SHCN to develop and continuously maintain an effective service-delivery network of CBOs that can serve Medicaid customers and be reflective of the community they serve, continuously manage and account for funds, and participate in the evaluation of the SHCN and the services. These responsibilities require a representative and active governance structure, including a governing body charged with oversight of the SHCN.

The awarded Grantee shall:

- Define a governing body structure and its associated roles and responsibilities;
- Ensure that the Grantee, within 90 days of being awarded, has a governing body comprised of representatives from the following identified stakeholder groups (individuals may represent multiple groups):
  - CBOs with at least one (1) Medicaid reimbursable service;
    - CBOs shall represent at least fifty-one percent (51%) of members within the governing body and have majority share in voting rights;
    - CBOs that represent the geographic diversity of Illinois and include at least one organization from each HFS defined region in Appendix II : Regional Geography.
  - Healthcare and care management providers (e.g., health systems, provider organizations, FQHCs, behavioral health (BH) providers, local health departments);
  - At least one (1) provider with mental health and substance use disorder (SUD) experience, preferred; and
  - Community advocates, including at least one representative of a consumer advocacy organization, current or former Medicaid Customers, or the Member's guardian, parent, or caregiver, or a person with lived experience of homelessness.

Other community stakeholders, such as community health foundations, associations and local government officials (e.g., county managers, county commissioners) may also be included.

- Convene the governing body in routine intervals, at least on a quarterly basis.
- The governing body shall use its collective experience, expertise, best practices, and ongoing learning opportunities when providing guidance to the SHCN.
- The governing body shall review and approve capacity building funds provided to CBOs.

## 6. Evaluation

The Grantee and its subgrantees will be expected to participate in the implementation evaluation of the SHCN and the impact it has on the availability of providers, service delivery and capacity building. This will likely take the form of qualitative surveys and/or interviews.

## 7. Expected Deliverables

The following are the minimum requirements. Additional deliverables may be appropriate, depending on the specific Grantee. Applicants should include the deliverables as milestones and activities within their submitted work plans. The following assumes a Year 1 contract period of nine months. Subsequent years will be 12 months.

### Year 1: Months 1-3

- Begin assessment of CBO capacity needs to develop a plan for future use of capacity building funds
- Contract with the newly awarded MCOs by December 31, 2026
- Subcontract with any regional organizations that will help the SHCN develop the provider network
- Hire and onboard SHCN staff
- Establish sample contract between the SHCN and the CBO
- Begin contracting with medical respite providers
- Begin outreach and training and technical assistance to CBOs that want to deliver HRSN, CHW, and other community-based billable services
- Establish necessary data sharing agreements
- Establish reporting structure to be able to report on funds spent by allowable infrastructure category
- Establish governance structure

### Year 1: Months 4-6

- Begin to grant capacity building funds
- Continue outreach and training and technical assistance to CBOs that want to deliver HRSN, CHW, and other community-based billable services
- Contract with additional providers
- Participate in planning for roll-out of ICARRS and billing and claiming system
- Assist CBOs in establishing internal processes to utilize billing and claims system

### Year 1: Months 7-9

- Participate in roll-out of ICARRS and billing system, including helping with onboarding of CBOs and entering and validating CBO info in ICARRS, if the system is ready
- Provide ongoing technical assistance to CBOs
- Assist CBOs in establishing internal processes to utilize billing and claims system

## C. Funding Information

This award is utilizing state general revenue funds.

For the time period of October 1, 2026 – June 30, 2027 (9 months), applicants may apply for up to \$8M. A minimum of \$3M of the award must be allocated to capacity building sub-

grants to CBOs. All funds must be expended by June 30, 2027, and cannot be carried over into state fiscal year 2028. The Grantee will be given an initial payment of \$1.7M based on the completion of the financial and administrative risk assessment via the GATA Grantee Portal, utilizing an Internal Controls Questionnaire (ICQ) for the current state fiscal year.

Further payments in FY27 will be based on monthly submission of financial reports with required supporting documentation.

Agreements that result from this funding opportunity are contingent upon and subject to the availability of funds.

### **1. Allowable Expenses**

Grant funding is intended to support organizations in (1) delivering outreach, training and technical assistance to community-based organizations and (2) providing capacity building dollars to CBOs through subgrants.

Examples of eligible expenses include but are not limited to:

- Hiring new staff to perform grant activities
- Paying current staff to perform grant activities
- Expenses associated with travel to and from locations at which grant activities are performed
- Expenses associated with outreach, education and stakeholder convenings
- Production of material to promote localized awareness about Medicaid services which would not duplicate materials provided by HFS
- Subcontracting to other local organizations that can help meet grant objectives and achieve deliverables
- Capacity building subgrants to support CBOs in becoming Medicaid billing organizations. Subgrants may include but not limited to funds for:
  - Creating and modifying existing data collection tools to report and claim for HRSN services and other CBO services
  - Training and onboarding of staff
  - Development and implementation of new policies and procedures to deliver Medicaid-eligible services, including compliance and monitoring

### **2. Unallowable expenses**

The grant funds may not be used:

- For institutional, organizational, or community-based overhead costs not directly related to grant objectives or indirect costs.
- To cover the costs to provide direct health care services to individuals.
- To match any other Federal funds.
- To provide services, equipment, or support that are the legal responsibility of another party under Federal or State law (such as vocational rehabilitation or education services) or under any civil rights laws. Such legal responsibilities

include, but are not limited to, modifications of a workplace or other reasonable accommodations that are a specific obligation of the employer or other party.

- To supplant existing State, local, or private funding of infrastructure or services such as staff salaries, etc.
- To cover any pre-award costs.
- To pay for billing and claiming-related technology or closed-loop referral platforms.
- For Capital expenditures, including but not limited to construction costs, land acquisition, new renovation, minor renovation or remodeling of property.
- For any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any state government, state legislature or local legislature or legislative body. Grant recipients may lobby at their own expense if they can segregate funds from other financial resources used for that purpose.
- To cover the cost of food or beverages.
- To provide gifts, including gift cards or cash, unless they are of nominal value, or provide promotional items that market or promote the products or services of the agency, to any organization as an inducement for enrollment.
- To assist organizations that do not intend to provide services to Illinois Medicaid customers.

## D. Eligibility Information

An entity may apply for a grant if the entity has registered and pre-qualified through the Grant Accountability and Transparency Act (GATA) Grantee Portal, [www.grants.illinois.gov/portal](http://www.grants.illinois.gov/portal). Registration and pre-qualification are required annually. During pre-qualification, verifications are performed including a check of federal SAM.gov Exclusion List and status on the Illinois Stop Payment List.

### **1. Eligible Applicants**

In its oversight authority and responsibility, HFS has identified standards essential to a successful SHCN. HFS will contract with the Grantee that, at a minimum: i) Has strong connections to the communities served and CBOs delivering services. ii) Can develop, strengthen, support and continuously manage a network of CBOs that can deliver HRSN and other community-based services; iii) Are financially sound, and iv) Have experience making and managing grants.

Applicants must meet the criteria identified below to be deemed eligible to submit an Application in response to this NOFO:

1. Applicant must be a 501(c)(3) non-profit organization
2. Applicant must be a single legal entity, properly formed and organized in Illinois and in good standing with the Illinois Secretary of State

3. Applicant must have an established governance structure as outlined above
4. Applicant must have at least three (3) years of experience working with community-based organizations statewide. Experience must include one of the following:
  - Contracting or fiscal administration with or on behalf of CBOs
  - Leading CBOs within a network, consortium, coalition, or other organized group with the goal of coordination, planning or supporting those organizations.
  - Leading care management activities with partners, including CBOs
5. Applicant must be in sound financial condition throughout the term of the Contract and must be able to operate on a reimbursement basis.
6. Applicant must have at least 50% of their staff based in Illinois.

Applicants that are not eligible to apply include: a managed care organization (MCO) or health plan, a hospital or health system.

## **2. Cost Sharing and Match**

Not applicable.

## **3. Indirect Cost Rate**

In order to charge indirect costs to a grant, the applicant organization must have an annually negotiated indirect cost rate agreement (NICRA).

There are three types of NICRAs:

- a) Federally Negotiated Rate. Organizations that receive direct federal funding, may have an indirect cost rate that was negotiated with the Federal Cognizant Agency. HFS will accept the federally negotiated rate. The organization must provide a copy of the federally NICRA.
- b) State Negotiated Rate. The organization may negotiate an indirect cost rate with the State of Illinois if they do not have a Federally Negotiated Rate. If an organization has not previously established an indirect cost rate, an indirect cost rate proposal must be submitted through the GATA Grantee Portal no later than three months after receipt of a Notice of State Award (NOSA). If an organization previously established an indirect cost rate, the organization must annually submit a new indirect cost proposal through the GATA Grantee Portal within six months after the close of the grantee's fiscal year.
- c) De Minimis Rate. An organization that has never negotiated an indirect cost rate with the Federal Government or the State of Illinois is eligible to elect a de minimis rate of 15% of modified total direct cost (MTDC). Once established, the De Minimis Rate may be used indefinitely. The State of Illinois must verify the calculation of the MTDC annually in order to accept the De Minimis Rate.

All grantees must complete an indirect cost rate negotiation or elect the De Minimis Rate to claim indirect costs. Indirect costs claimed without a negotiated rate or a De Minimis Rate election on record in the GATA Grantee Portal indirect cost rate system may be subject to disallowance.

Grantees have discretion not to claim payment for indirect costs. Grantees that elect not to claim indirect costs cannot be reimbursed for indirect costs. The organization must record an election to “Waive Indirect Costs” into the GATA Grantee Portal.

## E. Application and Submission Information

Organizations wishing to become the SHCN will submit the grant application and coordinate with CBOs who want to participate in the provider network. HFS will work with the SHCN to fulfill the objectives of the program. Grantees will be responsible for (1) selecting and contracting with any other organizations to ensure statewide reach and meeting of the deliverables and (2) distributing and monitoring capacity building funds through a subgrant to CBOs.

### **1. Address to Request Application Package**

All application materials must be submitted via the Euna grant management system.

### **2. Content and Form of Application Submission**

a. Letters of Intent to apply are **highly encouraged** to aid HFS in planning for and facilitating the review process. Letters of intent should be sent to [thea.kachoris-flores@illinois.gov](mailto:thea.kachoris-flores@illinois.gov) by June 26, 2026. The letter is non-binding and is not required in order to submit an application. The letter should include the applicant organization name, point of contact and email address, and a statement of intent to apply to the SHCN NOFO.

b. Application instructions: The SHCN program application instructions are included in this document but should be completed and submitted via the Euna <https://il.amplifund.com/Public/Opportunities/Details/cb2d0388-11ba-4cbd-99c6-816dd826163d>.

c. Page limit and format: Character limits for each Program Narrative response are shown in the Euna system. This includes any attachments such as letters of commitment or support, governance documents, and evidence of eligibility.

d. Required application components: Applicants must upload all required documents in PDF format in the correct sections of the Euna system. Name each file clearly so it can be easily identified (for example: *OrganizationName\_DocumentType.pdf*).

- Evidence of not-for-profit status: 501 (c) 3
- Evidence of good standing with IL Secretary of State

e. HFS may require additional information after notification of intent to make a State award but prior to the State award to verify compliance with any requirements.

### **3. Unique Entity Identification Number (UEI) and System for Award Management (SAM)**

Applicants are required (unless the applicant is an individual or Federal or State awarding agency that is exempt from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the Federal or State awarding agency under 2 CFR § 25.110(d)) to:

- Be registered in SAM before submitting its application, with a UEI assigned. To establish a SAM registration, go to [www.SAM.gov](http://www.SAM.gov).
- Continue to maintain an active SAM registration with current information at all times during which it has an active State award, an application, or plan under consideration by a State-awarding agency.

The State awarding agency may not issue a grant award until the applicant has complied with all applicable SAM requirements. If an applicant has not fully complied with the requirements by the time the HFS is ready to make an award, the HFS may determine that the applicant is not qualified to receive an award and use that determination as a basis for making an award to another applicant.

### **4. Submission Dates/Times**

**Application Opens:** June 3, 2026

**Application Deadline:** July 20, 2026, 5:00 p.m. (CST)

Applications must be submitted electronically through the Euna System at <https://il.amplifund.com/Public/Opportunities/Details/cb2d0388-11ba-4cbd-99c6-816dd826163d>. The application submission is the date and time by which HFS must receive the application in the Euna System. Upon receipt, an automated confirmation will be emailed. Proposals will not be accepted by email, mail, fax, or in person.

Late applications will not be reviewed or considered. Applicants are encouraged to submit their applications 24-72 hours in advance of the deadline to avoid unforeseen technical difficulties.

HFS will determine if an application has been submitted by the application deadline by using the Euna system generated documentation of receipt date and time.

## **5. Statutory Requirements**

Grantees must comply with all legal requirements, State and Federal, related to procurement, environmental concerns, labor standards, and other requirements. Failure to comply with any legal requirement or other requirement specified in the grant agreement may result in suspension or termination of the grant agreement, grant funds being repaid by the Grantee, the withholding of future grant payments by HFS, or other remedy provided by law. In addition to the below requirements, Grantees must comply with all rules, regulations, and laws applicable to the grant program, as may be listed in this NOFO.

Business Enterprise Program (30 ILCS 575/0.01 et seq.): For grant awards of \$250,000 or more, the grantee will be required to comply with the Business Enterprise for Minorities, Women, and Persons with Disabilities Act (30 ILCS 575/0.01 et seq.), which establishes a goal for contracting with businesses that have been certified as owned and controlled as a minority-owned business, woman-owned business or business owned by a person with a disability.

## **F. Reporting, Monitoring and Audit Requirements**

Grantees must complete multiple reports during the term of the grant and potentially after the grant has ended. This will include, but is not limited to, financial and performance reports, closeout report, and labor hour reports. Grantee is subject to the audit rules and policies set forth by the Governor's Office of Management and Budget as found in 30 ILCS 708/65(c) and 44 Ill. Admin. Code 7000.90. Deadlines for any required reports may be extended at the discretion of HFS and GCI. Extensions shall be issued only in extraordinary circumstances not in control of the grantee.

- Grantee must complete periodic financial reporting at least quarterly using the State's grant management system.
- Grantee must complete quarterly reports on programmatic progress and how capacity building funds are distributed to CBOs.
- More frequent or additional reporting may be required in the grant agreement based on the successful applicant's risk assessments.

In addition to required reporting, grantees are subject to fiscal and programmatic monitoring visits by HFS in accordance with 2 CFR 200.336. Grantees must have an open-door policy allowing periodic visits by HFS monitors to evaluate the progress of the project and must provide documentation upon request. HFS staff will also maintain contact with the participants and will monitor progress and performance under the terms of the agreement(s). HFS may modify grants based on performance.

Grantees shall be subject to Illinois' statewide Audit Report Review requirements. Terms of the Single Audit Act Amendments of 1996 (31 USC 7501-7507), Subpart F of 2 CFR Part 200, and the audit rules set forth under the Grant Accountability and Transparency Act shall apply. (See 30 ILCS 708/65).

## G. Review and Selection Process

### **1. Evaluation Criteria and Process**

All applications will be screened for completeness including GATA pre-qualification and ICQ submission for the current state fiscal year. Incomplete applications will not be reviewed.

Application materials must address all components of this NOFO and demonstrate both a need for the program and an ability to successfully implement the program. Reviewers will score applications based on completeness, clear and detailed responses to program narrative questions, and inclusion of all mandatory program elements as well as past performance history and/or financial standing with HFS. The applicant must demonstrate that costs are reasonable, necessary, and allowable. The Merit Based Review will follow Administrative Code Title 44, Subtitle F, Chapter I, Part 7000, Section 7000.350.

Criteria for scoring proposals is listed in Appendix III (The Scoring Rubric) provided in this NOFO and will be used by the Review Committee when evaluating and scoring grant applications.

In the event a change to the evaluation criteria is identified, the grant applicants shall be informed prior to the submission due date by publication of the change to the HFS website at a minimum.

Evaluation shall be conducted by a committee determined by HFS, tailored to this grant application, and will include, as appropriate, technical or other personnel with expertise to ensure a comprehensive evaluation of applicants.

### **2. Selection Process**

Reviewers will score applications using the Scoring Rubric in Appendix III. HFS may choose not to make an award if no applicant meets the required criteria.

### **3. Anticipated Announcement and State Award Dates**

HFS anticipates announcing awards by September 1, 2026 through a Notice of State Award (NOSA) with grant period of performance being October 1, 2026, for an initial term through June 30, 2027 (9 months).

### **4. Merit-Based Evaluation Appeals Process**

Unsuccessful applicants may request a formal appeal of the evaluation process. Evaluation scores and funding determinations may not be contested and will not be considered by HFS' Appeals Review Officer. Competitive grant appeals are limited to the evaluation process.

An appeal must be submitted in writing in accordance with the grant application document. An appeal must be received within fourteen calendar days after receipt of an application denial email.

The written appeal shall include at a minimum the following:

- A statement of reason for the appeal
- The name and address of the appealing party
- Identification of the grant program
- A statement indicating a request for the appeal

The appeal will be sent to:

Appeals Review Officer  
Illinois Department of Healthcare and Family Services

## H. Application Questions and Information Session

Questions regarding this NOFO may be submitted to:

Thea Kachoris-Flores

Email: [thea.kachoris-flores@illinois.gov](mailto:thea.kachoris-flores@illinois.gov).

**The deadline for submitted questions is 4:00 p.m. (CST) July 10, 2026.**

**All substantive questions and responses will be posted** on the opportunity details page in the Euna system <https://il.amplifund.com/Public/Opportunities/Details/cb2d0388-11ba-4cbd-99c6-816dd826163d>.

Due to the competitive nature of this solicitation, applicants may not discuss the opportunity directly with any HFS employee.

In addition, HFS will host an information session on June 16, 2026 at 12 p.m. (CST).

Interested parties must register in advance here:

<https://illinois.webex.com/weblink/register/r9f9b3620ad4f7abad9465e0632fd70c3>.

## I. Application Checklist

Please complete all eight sections of this application packet on the Euna System.

- SECTION 1: Applicant Information
- SECTION 2: Organizational Eligibility
- SECTION 3: Applicant Grant History

- SECTION 4: Scope of Work
- SECTION 5: Program Work Plan
- SECTION 6: Program Budget
- SECTION 7: Attachments

**For Reference Only. Responses must be submitted via Euna Grants. Emailed, mailed, and hand-delivered applications will not be accepted.**

## Uniform Grant Application

**IMPORTANT NOTICE:** The Uniform Grant Application information must be completed and submitted via Euna. This document is for reference only. In addition to the information required in the [GATA Uniform Grant Application](#), applicants must provide the supplemental organizational information requested below. These additional requirements are specific to this funding opportunity and will be considered as part of the application review process.

Applicants are highly encouraged to review the questions and complete a response on a separate document, then log into Euna and “copy & paste” the response in the appropriate section.

The Euna system times out after 20 minutes of inactivity. Clicking “save” is encouraged as completion of the information begins with the Euna system.

### SECTION 1. UNIFORM GRANT APPLICATION

#### Applicant’s Project

<b>Title of Applicant’s Project</b>	
<b>Project Start Date</b>	09/01/2026
<b>Project End Date</b>	06/30/2029
<b>Total Grant Request</b> <i>(Please provide the total grant requested)</i>	
<b>Total Project Cost</b> <i>(Please include any in-kind or match dollars in the Total Project Cost amount).</i>	

#### Applicant Information

<b>Legal Name</b>		
<b>Common Name (DBA)</b>		
<b>GATA ID</b>		
<b>Employer/Taxpayer Identification Number</b>		
<b>Unique Entity Identifier (UEI) Number</b>		
<b>SAM Cage Code</b>		
<b>Lead Agency Fiscal Year</b> <i>(beginning month and day)</i>		
<b>Lead Agency Type (Check One)</b>	<input type="checkbox"/> <b>Partnership</b>	<input type="checkbox"/> <b>Real Estate Agent</b>
	<input type="checkbox"/> <b>Corporation</b>	<input type="checkbox"/> <b>Governmental Entity</b>

	<input type="checkbox"/> Not-for-profit Corp.	<input type="checkbox"/> Tax Exempt Org.
	<input type="checkbox"/> Medical Health Care Services Provider	<input type="checkbox"/> Tax Exempt Org. (IRC 501{a} only)
	<input type="checkbox"/> Trust or Estate	
<b>Lead Agency Website:</b>		
<b>Illinois Department of Human Rights Number (if applicable)</b>		
<b>If applicable, list all Names and FEINs that are registered to your organization or have been registered during the last 3 years.</b>	<b>Names</b>	<b>FEIN Numbers</b>

**Lead Contact Information**

<b>Program Director</b>	
<b>Email Address</b>	
<b>Lead Contact Address</b>	
<b>Lead Contact Address 2</b>	
<b>City, State, Zip Code, Zip 2</b>	
<b>Telephone</b>	
<b>Designation/Title</b>	
<b>Please Provide Information for each Subrecipient Organization</b> <i>(List all subrecipients, the services to be provided, and the region they will serve)</i>	<b>Subrecipient Org.:</b> <b>Region Served:</b> <b>Services to be provided:</b> <b>Address:</b> <b>City, State, Zip:</b> <b>Phone:</b>

**Applicant's Organizational Unit**

<b>Department Name</b>	
<b>Division Name</b>	

**Person to be Contacted for Program Matters involving this Application**

<b>First Name</b>	
<b>Last Name</b>	
<b>Suffix</b>	
<b>Title</b>	
<b>Organizational Affiliation</b>	

<b>Telephone Number</b>	
<b>Fax Number</b>	
<b>Email Address</b>	

**Person to be Contacted for Business/Administrative Office Matters involving this Application**

<b>First Name</b>	
<b>Last Name</b>	
<b>Suffix</b>	
<b>Title</b>	
<b>Organizational Affiliation</b>	
<b>Telephone Number</b>	
<b>Fax Number</b>	
<b>Email Address</b>	

**Areas affected by the Project**

<b>List the areas affected by the Project (cities, counties, state-wide)</b>	
<b>Legislative and Congressional Districts of Applicant</b>	
<b>Legislative and Congressional Districts of Program/Project</b>	

**Applicant Certification**

*By clicking the certification button and submitting this application, I certify that I have read and agree to the certifications and assurances listed in this funding opportunity. All information provided in this application, including responses and uploaded documents, is true, complete, and accurate to the best of my knowledge. I agree to comply with all requirements and terms if an award is made. I understand that any false, fictitious, or fraudulent statements or claims may result in criminal, civil, or administrative penalties under U.S. Code, Title 18, Section 1001.*

*Applicant Certification\**

I agree.

## SECTION 2: ORGANIZATIONAL ELIGIBILITY

Applicants must be able to check “yes” to all of the following questions to be considered eligible to submit an application:

- Is the applicant a non-profit 501(c)3 organization?
- Is the applicant a single legal entity, properly formed and organized in Illinois and in good standing with the Illinois Secretary of State?
- Does the applicant have an established governance structure as outlined in the program requirements?
- Does the applicant or one of its partners have at least three (3) years of experience working with community-based organizations statewide. Experience must include one of the following:
  - Contracting or fiscal administration with or on behalf of CBOs
  - Leading CBOs within a network, consortium, coalition, or other organized group with the goal of coordination, planning or supporting
  - Leading care management with partners, including CBOs
- Is the applicant in sound financial condition with no audit findings in the past two years?
- Is at least 50% of the applicant’s staff based in Illinois?
- The applicant acknowledges that it is not one of the following: a health insurance or stop-loss insurance issuer; a subsidiary of a health insurance or stop-loss insurance issuer; or an association that includes members of, or lobbies on behalf of, the insurance industry.

### **Acknowledgement**

#### Applicant Acknowledgement

- By selecting this checkbox, the applicant confirms that they have read this funding opportunity and understand the requirements, conditions, and expectations described.

## SECTION 3: APPLICANT GRANT HISTORY

### Federal and State of Illinois Funding

**Has the applicant organization received a grant from the federal government or the State of Illinois within the last 3 years?**

YES  NO

**If yes, provide details on the last five received:**

Agency providing grant funding:

Grant Number:

Grant Amount:

Grant Term:

Brief Description of grant:

**How many years has the applicant organization been incorporated?**

**Has the applicant organization or any partners organization(s) in this application experienced foreclosure, repossession, civil judgment or criminal penalty (or been a party to a consent decree) within the past seven years as a result of any violation of federal, state or local law applicable to your business?**

YES  NO

**If yes, identify the nature of the action and the disposition. If the action/proceeding is still pending or unresolved, provide a status identifying the unresolved issues. Be as descriptive as possible. (1024 Character Maximum)**

**Is the applicant organization or any partner organization(s) in this application involved in any current or pending legal or administrative proceedings, or facing allegations that could negatively affect the organization's finances or operations?**

YES  NO

**If yes, identify the nature of the proceedings and how they may affect the applicant's financial situation and/or operations. (1024 Character Maximum)**

**Does the applicant organization or any partner organization(s) owe any debt to the State of Illinois?**

YES  NO

**If yes, list the agency, amount of debt, and reason for the debt. Attach additional documentation to explain the debt owed to the state.**

**Grant Funding from Other Sources**

Describe any grant funding you receive from other sources, including state and local government agencies. Include the total annual amount from each source as of January 1, 2026:

- Federal
- State
- Local
- Private
- Other

List the top ten current grants by dollar amount:

<b>Grant Source/Funder</b>	<b>Name of Grant</b>	<b>Term of Grant</b>	<b>Annual Funding Amount</b>

## SECTION 4: SCOPE OF WORK

### 4.1 Brief Description of Organization(s) History and Mission

<p><b>Please provide a brief description of the applicant’s history, mission, and current programming and initiatives.</b> <i>(Maximum 500 words)</i></p>	
<p><b>If applicable, please provide a brief description of each subrecipient’s history and mission and the key deliverables they will perform for the SHCN.</b> <i>(Maximum 500 words for each organization)</i></p>	
<p><b>Please provide a brief description of the applicant’s and any subrecipient’s experience working with Illinois community-based organizations, including length of time.</b> <i>(Maximum 1,000 words)</i></p>	
<p><b>Briefly describe what makes the applicant well-suited for serving as the SHCN.</b> <i>(Maximum 500 words)</i></p>	

### 4.2 Social Health Care Network Lead Agency Requirements

<p><b>Provider Network Development and Management</b></p>	<ol style="list-style-type: none"> <li>1. Describe strategies that your organization will use to identify and engage with CBOs that can deliver HRSN, CHW and other community-based services within Illinois to Medicaid-eligible customers. Include how you will conduct a needs assessment and ensure that you address the unique needs of each region of the state.</li> <li>2. Describe how you will develop a network of CBOs within the state to deliver social health care services (e.g., HRSN and CHW services) with the following expectations: <ul style="list-style-type: none"> <li>• Services are available within all six HFS defined regions as outlined in Attachment 1.</li> <li>• Support and contract with interested community-based providers who meet requirements to deliver Medicaid services.</li> <li>• Ensure sufficient geographic coverage/distribution across the state of Illinois to minimize travel time/distance for members seeking services.</li> <li>• Include CBOs that work with high-risk Medicaid customers which includes but is not limited to those experiencing homelessness and/or food insecurity, individuals with chronic conditions, and individuals with mental health and/or substance use conditions.</li> </ul> </li> </ol>
---	--

	<ul style="list-style-type: none"> <li>• Include CBOs of a variety of sizes, including small CBOs as defined by annual budget of less than \$5M.</li> <li>• Include CBOs with cultural and linguistic competencies to address the varying needs and demographics across Illinois.</li> <li>• Ensure that 80% of CBOs in the network have headquarter operations within Illinois. All CBOs must have at least one physical operating location in Illinois.</li> </ul> <p>If the applicant anticipates gaps in the ability to contract for a service in one or more regions, the applicant must describe these gaps and strategies it will undertake to address these gaps, including using technical assistance and/or the use of capacity building funds.</p> <ol style="list-style-type: none"> <li>3. If the applicant has already identified CBOs that will be part of the provider network, please list the CBO name, types of services provided by each, and the number of clients served annually by service. Include a Letter of Intent to Participate in the attachments for each organization that is listed.</li> <li>4. Describe how you will contract with all of the MCOs and establish contracts between the SCHN and the CBOs.</li> </ol>
<b>Training and Technical Assistance</b>	<ol style="list-style-type: none"> <li>5. Describe activities that your organization will use to provide training and assistance to CBOs so that they can become Medicaid providers and bill for services, including how you will coordinate with MTAC.</li> <li>6. Describe needs or challenges of CBOs in the state that you have identified and will address through T/TA. Include how you identified these needs and challenges.</li> <li>7. Describe how you will continue to gather input on T/TA needs on at least an annual basis.</li> </ol>
<b>Capacity Building</b>	<ol style="list-style-type: none"> <li>8. Describe your organization’s process for identifying CBOs in need of capacity building funds and how you will subgrant and monitor the subgrantees. Please include how you will select recipients, determine funding levels, distribute funds, and monitor for compliance and adherence to requirements. If available, include your plan for how the capacity building funds will be spent in the first year of the program. If awarded, the SCHN will be required to submit their capacity building funding plan within four months of the contract. HFS will review and approve capacity building funds before they are spent.</li> </ol>
<b>Philanthropic Funding</b>	<ol style="list-style-type: none"> <li>9. Describe your organization’s capacity and process for accepting philanthropic funds.</li> </ol>

	<p>10. Describe your organization’s process for selecting and distributing funds meeting the needs of the Medicaid program and various funders’ criteria.</p> <p>11. Describe how your organization will track and report on the distribution of grant funds, ensuring state and philanthropic funding is reported separately.</p>
<b>Governance</b>	<p>12. Describe the governing body structure including its composition, associated roles and responsibilities, and meeting frequency. Include the decisions or types of decisions subject to the governing body’s vote and how the governing body will oversee the use of funds. Refer to the program requirements for required stakeholder representation. If available, upload the governing body’s member roster and bylaws as attachments.</p>

**4.3 Organizational Capacity/Experience**

<b>Relevant experience</b>	<p>13. Describe the applicant’s experience providing each of the program requirements. Include number of years of experience.</p> <ul style="list-style-type: none"> <li>• Outreach to CBOs and leading them within a network, consortium, coalition, or other organized group with the goal of coordination, planning or supporting</li> <li>• Training and technical assistance to CBOs</li> <li>• Awarding and managing grants to small CBOs</li> <li>• Receiving and managing philanthropic funds</li> <li>• Contract management experience, especially with MCOs</li> <li>• Serving as backbone organization with strong governance</li> </ul> <p>14. Describe the applicant’s experience with Medicaid policy, including but not limited to provider enrollment, billing, managed care processes, and HIPAA compliance.</p>
<b>Community Partnerships</b>	<p>15. Describe how the applicant develops community partnerships and identify key partnerships across the state including, but not limited to, human service organizations, hospitals, federally qualified health centers (FQHCs), rural health centers, behavioral health agencies, local health departments, and other key stakeholders. The applicant must include Letters of Community Support describing the supporting organization’s experiences working with the applicant and detailed information regarding why the applicant would be an effective SHCN. Describe the role of each subrecipient in meeting the program requirements, as applicable.</p>

	<p>16. Describe how the activities of the applicant and any subrecipients will be sufficient to meet the needs of the program, including ensuring coverage across the six-defined regions. If there are no subrecipients, describe how the organization will ensure geographic and programmatic reach across the state in each region, including partnerships that will be utilized.</p>
<p><b>Organizational Capacity</b></p>	<p>17. Provide a clear description of the applicant’s organizational structure including where the SHCN staff will fit within the organization and its relationship to the governance structure. Include an organizational chart as an attachment.</p> <p>18. Provide evidence of your organization’s financial capacity to provide for the effective use of resources needed to manage the SHCN, including your ability to bring additional resources to the program.</p> <p>19. Describe the applicant’s experience and capacity to comply with grant reporting, invoicing and auditing requirements.</p> <p>20. Describe the applicant’s experience in grantmaking and providing oversight and monitoring of grantees. Describe how the SHCN will provide oversight, including how they will ensure that subrecipients and subgrantees adhere to GATA requirements.</p> <p>21. Describe the applicant’s capacity to collect and report on performance measures to monitor progress.</p>

**Section 5. PROGRAM WORK PLAN**

Upload your program work plan to include program objectives and a comprehensive timeline of activities to achieve the objectives and meet the core program requirements as outlined in Section B: Program Requirements. Clearly show the links between activities, objectives and outcomes and reflect the broader narrative of the application. Activities should describe specific tasks needed to complete each objective and should have a clear timeframe and responsible staff. The work plan may be uploaded as an attachment.

**SECTION 6. PROGRAM BUDGET**

Enter your program budget into Euna for the performance period of October 1, 2026 – June 30, 2027 (9 months) adhering to the following guidance. If applicable, cash and in-kind contributions should be identified. Please include as an upload attachment a summary budget for Year 2 (July 1, 2027 – June 30, 2028) and Year 3 (July 1, 2028 – June 30, 2029).

## **6.1 Personnel Services (Salaries and Wages)**

Include only direct employees of the SHCN in this section. List each position by title and employee name. If position is not filled, use “unknown” in employee name field, but include position. Show the annual salary, the percentage of time the position will work on the project, and the length of time the position will support the program. Provide a written justification for each position, including roles and responsibilities, in the budget narrative.

## **6.2 Fringe Benefits**

Fringe benefits should be relative to the salaries provided in section 6.1 and consistent with benefits provided and method of determination for your organization. Please indicate in the narrative the type of documentation that will be maintained and used to allocate fringe benefits.

## **6.3 Travel Costs**

Applicants should budget for staff travel to support program requirements and objectives. Applicants should also budget travel and accommodations for two one-day meetings in a TBD centralized location for no more than two staff. Travel expenses for staff are subject to the Illinois State Travel Guide <https://cms.illinois.gov/employees/travel.html>

## **6.4 Equipment Costs**

For each equipment cost, provide a written justification, including how the cost was calculated and a description of how each proposed expenditures helps the applicant meet the program objectives.

Equipment is defined as an article of tangible personal property that has a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$5,000. An applicant organization may classify equipment at a lower dollar value but cannot classify it higher than \$5,000. (Note: Organization's own capitalization policy for classification of equipment can be used). Applicants should analyze the cost benefits of purchasing versus leasing equipment, especially high cost items and those subject to rapid technical advances. Rented or leased equipment costs should be listed in the Contractual Services category.

## **6.5 Supply Costs**

For each supply cost, provide a written justification, including how the cost was calculated and a description of how each proposed expenditures helps the Applicant meet the

program objectives. Generally, supplies include any materials that are expendable or consumed during the course of the program.

### **6.6 Contractual Costs and Subawards**

Include the following expenses in this category:

- Subrecipient partner organizations that will receive grant funds to administer portions of the SHCN Program, including a portion of the scope of work or objectives. It does not include payments to a contractor or payments to an individual that is a beneficiary of a Federal/State program.
- Contractual costs for items where the SHCN uses a legal instrument to purchase property or services needed to carry out the program.
- Subawards to CBOs for capacity building grants. Provide a written justification for how you arrived at the estimate.

For each cost, provide a written justification, including how the cost was calculated and a description of how each proposed expenditure helps the SHCN meet the program objectives.

Note: It is the SHCN's responsibility to ensure that any subrecipients and sub-awardees meet GATA requirements.

### **6.7 Consultant Services and Expenses**

For each consultant enter the name, if known, service to be provided, hourly or daily fee (8-hour day), and estimated time on the project. List all expenses to be paid from the grant to the individual consultant in addition to their fees (e.g., travel, meals, lodging).

### **6.8 Other Costs**

List items by type of material or nature of expense, break down costs by quantity and cost per unit if applicable, state the necessity of the cost for successful completion of the program.

### **Indirect Cost**

Applicants may apply Indirect Cost as stated in this NOFO. Please specify which approach is used in the budget.

## SECTION 7. ATTACHMENTS

The following are required attachments:

1. The organization is required to attach its **W-9 form**.
2. The organization is required to attach its **latest audit report**. If no such report is available, please provide an explanation.
3. The organization is required to attach **an organizational chart** illustrating the organizational structure of all key staff participating in the program, and any subrecipients and/or community partners delivering key components of the programs including lines of authority and decision-making. The organizational chart should reflect the governance structure described in the narrative.
4. The organization is required to attach proof of **501(c)3 status**.

The following are optional attachments:

1. Letters of community support.
2. Letters of intent to participate from partners and/or community-based organizations that will be part of the Provider Network.
3. List of community-based organizations that intend to participate in the Provider Network, including the Medicaid service they provide and Illinois geographic region(s).
4. Governing body's member roster and/or by-laws.

# Appendices

## Appendix I: Terminology and Definitions

1. **1115 Waiver:** Section 1115(a) of the Social Security Act provides waiver and expenditure authority for state Medicaid programs to test or demonstrate impact of proposed innovations that would otherwise not be allowed under traditional Medicaid rules. A waiver grants states flexibility allowing for innovative services to improve healthcare access and quality, reduce costs to the Medicaid system, and improve health outcomes.
2. **Billing Agent:** a business authorized to submit Medicaid HIPAA compliant transactions; an entity who exchanges Electronic Protected Health Information (ePHI) on behalf of Medicaid Providers or other authorized parties. They may also be referred to as a Clearinghouse, Software Vendor, or Value-Added Network (VAN) depending on their relationship to the provider.
3. **Closed Loop Referral System:** a referral platform for services based on a needs assessment that is initiated on behalf of a customer and is tracked, supported, monitored, and results are documented.
4. **Community Based Organization (CBO):** a locally operated, non-governmental entity or an atypical provider, generally non-profit, that provides outpatient behavioral health, social, or health supportive services within a defined geographic area. CBOs are non-institutional in nature, distinct from state agencies or inpatient facilities, and are structured to serve individuals and families in community settings.
5. **Community Health Worker:** a frontline public health worker who is a trusted member or has an unusually close understanding of the community served. This trusting relationship enables the community health worker to serve as a liaison, link, and intermediary between health and social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. To bill Illinois Medicaid, a CHW must be certified by the Illinois Department of Public Health (anticipated mid-2026).
6. **Health Related Social Needs (HRSN):** individual level consequences of nonmedical factors that influence health (e.g., lack of access to health food, lack of transportation, housing insecurity).
7. **Health Related Social Needs HRSN) Services:** housing and nutrition services approved under Illinois' Healthcare Transformation 1115 Waiver.
8. **Home Visiting Organizations:** organizations who offer home visiting services including but not limited to informational support, facilitate screening, and provide care coordination to pregnant and parenting individuals as needed to support health outcomes through pregnancy and beyond.
9. **Illinois Medicaid Program:** the program under the Illinois Public Aid Code (305 ILCS 5/5 *et seq.*) and Title XIX of the Social Security Act, Medicaid. May also be referred to as "Medicaid Program"

10. **Managed Care Organization (MCO):** an entity that meets the definition of managed care organization as defined at 42 C.F.R. § 438.2.
11. **Medicaid Customer:** a person who has been determined eligible and is enrolled to receive Medicaid services.
12. **Medicaid Managed Care Program:** the HFS system of coordinated care for individuals under HFS Medical Programs.
13. **Medicaid Program or Medicaid:** the program under Title XIX of the SSA that provides medical benefits to eligible individuals, including certain people with low incomes. In Illinois, it is the program under 305 ILCS 5/5 *et seq.* and Title XIX of the SSA, “Grants to States for Medical Assistance Programs” (Medicaid).
14. **Provider:** a person or organization enrolled with HFS to provide Medicaid Covered Services to a Participant. Providers include but are not limited to community-based organizations (CBOs), behavioral health providers, social service providers, and state programs.
15. **Reentry services:** services provided by community-based organizations supporting individuals who are being released from carceral settings for allowable Medicaid services in either the pre-release or post-release period.
16. **Social determinants of health:** the social conditions in which people are raised and live in (e.g., access to transportation, housing, food insecurity, employment, social isolation (loneliness) and conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks).
17. **Social health care services:** services that address individuals’ social needs (e.g., food, housing, transportation, social supports) that impact their health and well-being, and quality of life.
18. **State:** the State of Illinois, as represented through any State agency, department, board, or commission.

## Appendix II: Regional Geography

Below is the list of the Illinois regions that Awardees will be required to demonstrate that they can reach and engage either directly or through a subrecipient arrangement.

	<b>Region 1a</b>	<b>Region 1b</b>	<b>Region 2</b>	<b>Region 3</b>	<b>Region 4</b>	<b>Region 5</b>
<b>Counties Served</b>	North Cook County	South Cook County	<ul style="list-style-type: none"> <li>• Jo Daviess</li> <li>• Stephenson</li> <li>• Winnebago</li> <li>• Boone</li> <li>• McHenry</li> <li>• Lake</li> <li>• Carroll</li> <li>• Ogle</li> <li>• DeKalb</li> <li>• Kane</li> <li>• DuPage</li> <li>• Whiteside</li> <li>• Lee</li> <li>• Kendall</li> <li>• Grundy</li> <li>• Will</li> <li>• Kankakee</li> </ul>	<ul style="list-style-type: none"> <li>• Rock Island</li> <li>• Mercer</li> <li>• Henry</li> <li>• Bureau</li> <li>• LaSalle</li> <li>• Henderson</li> <li>• Warren</li> <li>• Knox</li> <li>• Stark</li> <li>• Putnam</li> <li>• Marshall</li> <li>• Livingston</li> <li>• Ford</li> <li>• Iroquois</li> <li>• Vermillion</li> <li>• Champaign</li> <li>• McLean</li> <li>• Woodford</li> <li>• Tazewell</li> <li>• Mason</li> <li>• Peoria</li> <li>• Fulton</li> <li>• McDonough</li> </ul>	<ul style="list-style-type: none"> <li>• Hancock</li> <li>• Adams</li> <li>• Schuyler</li> <li>• Brown</li> <li>• Cass</li> <li>• Menard</li> <li>• Logan</li> <li>• Dewitt</li> <li>• Piatt</li> <li>• Douglas</li> <li>• Edgar</li> <li>• Clark</li> <li>• Coles</li> <li>• Cumberland</li> <li>• Effingham</li> <li>• Shelby</li> <li>• Moultrie</li> <li>• Macon</li> <li>• Christian</li> <li>• Montgomery</li> <li>• Sangamon</li> <li>• Morgan</li> <li>• Macoupin</li> <li>• Green</li> <li>• Jersey</li> <li>• Calhoun</li> <li>• Scott</li> <li>• Pike</li> </ul>	<ul style="list-style-type: none"> <li>• Madison</li> <li>• Bond</li> <li>• Fayette</li> <li>• Clay</li> <li>• Jasper</li> <li>• Crawford</li> <li>• Lawrence</li> <li>• Richland</li> <li>• Edwards</li> <li>• Wabash</li> <li>• Wayne</li> <li>• Marion</li> <li>• Clinton</li> <li>• St. Clair</li> <li>• Monroe</li> <li>• Randolph</li> <li>• Washington</li> <li>• Jefferson</li> <li>• Perry</li> <li>• Jackson</li> <li>• Franklin</li> <li>• Hamilton</li> <li>• White</li> <li>• Williamson</li> <li>• Saline</li> <li>• Union</li> <li>• Johnson</li> <li>• Pope</li> <li>• Hardin</li> <li>• Alexander</li> <li>• Pulaski</li> <li>• Massac</li> <li>• Gallatin</li> </ul>

## Appendix III: Scoring Rubric

	<b>Excellent</b>	<b>Good</b>	<b>Limited</b>	<b>Unsatisfactory</b>
Provider Network Development and Management (max. points 20)	Comprehensive, scalable strategy to build and manage a statewide network covering all regions; clearly addresses access, equity, geographic distribution, and high-risk populations; strong plan for gap identification and resolution. (16-20 points)	Adequate network strategy covering most regions; addresses key requirements but lacks detail in scalability or gap mitigation. (11-15 points)	Partial network strategy; unclear approach to statewide coverage or provider mix. (6-10 points)	No clear or feasible network development strategy (1-5 points)
Training and Technical Assistance (max. points 20)	Robust, multi-tiered TA strategy aligned with CBO needs; includes onboarding, Medicaid billing support, ongoing feedback loops, and coordination with MTAC. (16-20 points)	Solid TA plan addressing key areas; some ongoing support but limited adaptability or feedback mechanisms. (11-15 points)	Basic training approach; lacks customization or sustainability. (6-10 points)	Minimal or no TA strategy. (1-5 points)
Capacity Building (max. points 20)	Clear, equitable, and compliant subgranting strategy; strong processes for selection, monitoring, and reporting; prioritizes small CBOs and statewide equity. (16-20 points)	Defined capacity-building approach; meets most requirements but lacks depth in monitoring or equity focus. (11-15 points)	General approach without clear processes for distribution or oversight. (6-10 points)	No clear capacity-building or subgranting strategy. (1-5 points)
Philanthropic Funding (max. points 12)	Demonstrates strong ability to receive, manage, and distribute philanthropic funds; clear processes for tracking, compliance, and alignment with Medicaid goals. (10-12 points)	Adequate plan for managing philanthropic funds; some tracking and reporting mechanisms. (7-9 points)	Limited experience or unclear processes for managing external funds. (4-6 points)	No demonstrated ability to manage philanthropic funding. (1-3 points)

	<b>Excellent</b>	<b>Good</b>	<b>Limited</b>	<b>Unsatisfactory</b>
Governance (max. points 8)	Well-defined governance structure meeting all NOFO requirements; diverse representation; clear decision-making authority and oversight of funds. (7-8 points)	Governance structure defined and mostly compliant; minor gaps in representation or roles. (5-6 points)	Basic governance structure; unclear roles or insufficient stakeholder representation. (3-4 points)	No clear governance framework. (1-2 points)
Relevant Experience (max. points 8)	Extensive experience across all required domains (CBO networks, Medicaid, grants, TA, MCO contracting, grantmaking); demonstrated success at scale. (7-8 points)	Strong experience in most areas; minor gaps in scope or scale. (5-6 points)	Some relevant experience but lacks breadth or depth. (3-4 points)	Little to no relevant experience. (1-2 points)
Community Partnerships (max. points 16)	Broad, diverse partnerships statewide including healthcare, social services, and advocacy groups; strong letters of support; clearly defined roles. (13-16 points)	Solid partnerships with key stakeholders; some gaps in diversity or geographic reach. (9-12 points)	Limited partnerships; unclear roles or engagement. (5-8 points)	Minimal or no partnerships. (1-4 points)
Organizational Capacity (max. points 20)	Strong organizational structure, financial stability, staffing, and systems; demonstrated ability to manage large-scale grants and reporting. (16-20 points)	Adequate capacity; minor gaps in staffing, systems, or financial readiness. (11-15 points)	Limited infrastructure or unclear ability to manage grant requirements. (6-10 points)	Insufficient organizational capacity. (1-5 points)
Program Work Plan (max. points 8)	Detailed, realistic, and comprehensive work plan with clear timelines, milestones, staffing, and alignment to objectives. (7-8 points)	Solid work plan; minor gaps in detail or alignment. (5-6 points)	General work plan lacking specificity or feasibility. (3-4 points)	No clear or viable work plan. (1-2 points)

	<b>Excellent</b>	<b>Good</b>	<b>Limited</b>	<b>Unsatisfactory</b>
Program Budget (max. points 8)	Clear, detailed, and justified budget aligned to program goals; compliant with all funding requirements; demonstrates cost-effectiveness. (7-8 points)	Reasonable budget; minor gaps in justification or alignment. (5-6 points)	Budget lacks clarity or detail; questionable alignment with objectives. (3-4 points)	Incomplete, noncompliant, or unrealistic budget. (1-2 points)